

Work Order ID 64646

Friday, December 10, 2010 12:05:48 PM

Page 1

Item ID: D044-719-011L02

Accept

Setup Start

Revision ID:

Stop

Item Name: Cabin Floor Protector (Black)

Start Date: 12/10/2010 Start Qty: 6.00

Cust Item ID:

Required Date: 12/20/2010 Req'd Qty: 6.00

Customer:

Reference:

Approvals:

Process Plan:

Date: 10-12-10

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D3281

Rev E

DSI 9504

A

100

0.00



DC

DOCUMENT CONTROL

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D044-719-011L02 CHG004

8/10/12/17

*H for CL 10-12-17

110

0.00



Packaging

Pick Kit

Memo

0.00

Packaging

12/12/16 @ SP

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 64646

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Page 2

Item ID: D044-719-011L02

Accept

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Revision ID:

Stop

Item Name: Cabin Floor Protector (Black)

Start Date: 12/10/2010 Start Qty: 6.00

Cust Item ID:

Required Date: 12/20/2010 Req'd Qty: 6.00

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

8/10/12/17



130

Packaging

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D044-719-011L02

Location: 11B

PPP Rev: 2

CHG 004

10/12/17 sf

140

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

10/12/20
mf
10-12-20

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Friday, December 10, 2010 12:05:52 PM

Page 1

Work Order ID: 64646

Parent Item: D044-719-0111.02

Parent Item Name: Cabin Floor Protector (Black)

Start Date: 12/10/2010

Required Date: 12/20/2010

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP Rev:A New Issue 10.03.03 LL
DD 10.03.08 verified by:EC

IPP Rev:B as per DSI 9504

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2854-1-100 Velcro Strip, Looped		Manufactured	No			110	Each	0.0000	8	48			
D2854-3-100 Velcro Strip, Hooked		Manufactured	No			110	Each	0.0000	8	48			
D3281-1L02 Floor Protector, Fwd LH (Black)		Manufactured	No			110	Each	0.0000	1	6			
D3281-2L02 Floor Protector, Fwd RH (Black)		Manufactured	No			110	Each	0.0000	1	6			
D3281-3L02 Floor Protector, Aft LH (Black)		Manufactured	No			110	Each	1.0000	1	6			
D3281-4L02 Floor Protector, Aft RH (Black)		Manufactured	No			110	Each	0.0000	1	6			
						<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>					
						ST143	1						
						61528	1						

B64834 10/14/17 SP

B64835 10/14/17 SP

B64647 10/12/16 SP

B64648 10/12/16 SP

B64649 10/12/17 SP

B64650 10/12/17 SP

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries